

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 170Registered No. 132

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

City Miami

or Village

Not Bel. Hill St. + Marion Canosa

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2. Full name of child Maynard Duane Farmer

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date  
of birth

Month Day Year

8.

## FATHER

Full name

Maynard Duane Farmer

14.

## MOTHER

Full maiden name

Evelyn Omland

9. Residence

(Usual place of abode)

Miami

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

If non-resident, give place and state.

Arizona

10. Color or race

Cauc.11. Age at last birthday 22 (Years)

16. Color or race

Cauc.17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

Thatcher

(State or country)

Arizona

18. Birthplace (city or place)

Midvale

(State or country)

Utah

13. Occupation

Nature of industry

Truckman

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(a) Born alive and now living 1

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

Yes

(Taken as of time of birth of child herein certified and including this child).

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 6:40 P. m. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Evelyn M. Brown M.D.  
Miami, Arizona

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Registrar.

Filed

Apr 11, 1928B.E. Jones

Registrar.

469-330-564